

*Exhibit-1*

VIRGINIA DEPARTMENT OF CORRECTIONS

**Disciplinary Offense Report**

861.1 A-1

Report generated by Wolfe, J H

Report run on 04/24/2021 at 05:02 AM

Case Number: RNCC-2021-0346 Offender Name: Cartagena, Angel DOC #: 1078842 Housing: A-1-105B  
 Facility: River North Correctional Center Reference: \_\_\_\_\_  
 Offense Code: 139 Offense Title: Self-mutilation or other intentionally inflicted self-injury  
 Offense Date: 04/24/2021 Approximate Time: 1:00 AM Location: Cell - A-1

**DESCRIPTION OF THE OFFENSE**

Provide a summary of the details of the offense (i.e.: who, what, when, where, and how; any unusual behavior, any physical evidence and its disposition, and any immediate action taken – including use of force, etc.)

On Saturday 04/24/2021 at approximately 01:10 am I Officer T. Myers was informed by control room Officer D. Henderson Jr. that inmate A. Cartagena # 1078842 in Alpha building cell 105 had said he harmed himself. Upon arriving at inmate Cartagena's cell I had seen that he had cut himself on his right arm in his elbow bend. At this time inmate A. Cartagena # 1078842 is being charged with offence number 139 Self-mutilation or intentionally inflicted self-harm per 861.1 use of force none.

☐ Investigation

Date Completed: \_\_\_\_\_

☐ DESCRIPTION CONTINUED ON ATTACHED PAGE

Witnesses: \_\_\_\_\_

Reporting Officer: Myers, TTitle: Correctional OfficerDate: 04/24/2021Time: 4:42 AMOfficer -In-Charge: Wolfe, J HTitle: LieutenantOIC Signature: *[Signature]*Date: 04/24/2021Time: 5:01 AM**ADVISEMENT OF RIGHTS**

By signing below, you indicate your preference regarding the rights indicated. Failure to respond, or indicate a preference, constitutes a **WAIVER** of the first three rights. The following forms are available to the offender **UPON REQUEST** in each housing unit: *Witness Request Form*, *Documentary Evidence Request Form*, and the *Reporting Officer Response Form*. The offender must submit these request forms to the Hearings Officer within **48-HOURS** of the charge being served.

DO YOU REQUEST A STAFF OR OFFENDER ADVISOR TO ASSIST YOU AT THE HEARING?

☒ Yes ☐ No ☐ REFUSED TO RESPOND

DO YOU WISH TO REQUEST WITNESSES?

☒ Yes ☐ No ☐ REFUSED TO RESPOND

DO YOU WISH TO REQUEST DOCUMENTARY EVIDENCE?

☒ Yes ☐ No ☐ REFUSED TO RESPOND

DO YOU WISH TO WAIVE YOUR RIGHT TO 24-HOUR PREPARATION TIME PRIOR TO THE HEARING?

☐ Yes ☒ No ☐ REFUSED TO RESPOND

DO YOU WISH TO APPEAR AT THE DISCIPLINARY HEARING?

Refusal to appear is an admission of guilt, a waiver of witnesses and the right to a disciplinary hearing.

☒ Yes ☐ No ☐ REFUSED TO RESPOND

YOU HAVE THE RIGHT TO QUESTION REPORTING OFFICER

(In person for Category I Offenses; by submitting a Reporting Officer Response Form for Category II Offenses)

YOU HAVE THE RIGHT TO ENTER INTO A PENALTY OFFER.

YOU MAY REMAIN SILENT. Silence does NOT constitute an admission of guilt.

THE CHARGE MAY BE VACATED AND RE-SERVED AS A DIFFERENT OFFENSE, WHICH CAN BE A HIGHER, EQUIVALENT OR LESSER OFFENSE CODE.

YOU MAY BE FOUND GUILTY OF A LESSER-INCLUDED OFFENSE CODE, IN ACCORDANCE WITH OPERATING PROCEDURE 861.1

**You have been informed of the charges against you, and advised of your rights at the Disciplinary Hearing.**Served and Witnessed By: *[Signature]*Offender's Signature: *[Signature]*Print Name: *[Signature]*Print Name: Angel CartagenaDate of Service: 5-10-21Approximate Time: 3:36 PMIF OFFENDER REFUSES TO SIGN, SERVING OFFICER WILL CERTIFY REFUSAL: 3:36 PM

ADVISOR AT SERVICE OF DOR: \_\_\_\_\_

FORMS PROVIDED AT SERVICE (IF REQUESTED):

☐ Yes ☐ NoDate of Hearing: 05/03/2021

Revised Date: \_\_\_\_\_

Revised Date: \_\_\_\_\_

Revised Date: \_\_\_\_\_

Exhibit-Z

15 Min Watch



VIRGINIA DEPARTMENT OF CORRECTIONS

## Disciplinary Offense Report

Report generated by Thompson, S W

Report run on 08/12/2021 at 11:13 PM

Case Number: <u>WRSP-2021-1574</u>	Offender Name: <u>Cartagena, Angel</u>	DOC #: <u>1078842</u>	Housing: <u>D-6-613B</u>
Facility: <u>Wallens Ridge State Prison</u>	Reference: _____		
Offense Code: <u>139</u>	Offense Title: <u>Self-mutilation or other intentionally inflicted self-injury</u>		
Offense Date: <u>08/12/2021</u>	Approximate Time: <u>8:30 PM</u>	Location: <u>Cell - D-6</u>	

## DESCRIPTION OF THE OFFENSE

Provide a summary of the details of the offense (i.e.: who, what, when, where, and how; any unusual behavior, any physical evidence and its disposition, and any immediate action taken - including use of force, etc.)

On August 8, 2021 at approximately 8:30p.m. I Officer Clark was conducting a round in D-6 pod. When I arrived at Inmate A. Cartagena #1078842 cell D-613 I had noticed that he had cut his right forearm and that he was bleeding. Inmate A. Cartagena #1078842 is being charged with a 139 - Self-mutilation or other intentionally inflicted self-injury per O.P. 861.1. End of report.

☐ Investigation

Date Completed: \_\_\_\_\_

☐ DESCRIPTION CONTINUED ON ATTACHED PAGE

Witnesses: _____	Reporting Officer: <u>Clark, A F</u>
_____	Title: <u>Correctional Officer</u>
_____	Date: <u>08/12/2021</u> Time: <u>10:48 PM</u>
Officer -In-Charge : <u>Thompson, S W</u>	Title: <u>Lieutenant</u>
OIC Signature: <u>[Signature]</u>	Date: <u>08/12/2021</u> Time: <u>11:10 PM</u>

## ADVISEMENT OF RIGHTS

By signing below, you indicate your preference regarding the rights indicated. Failure to respond, or indicate a preference, constitutes a **WAIVER** of the first three rights. The following forms are available to the offender **UPON REQUEST** in each housing unit: *Witness Request Form*, *Documentary Evidence Request Form*, and the *Reporting Officer Response Form*. The offender must submit these request forms to the Hearings Officer within **48 HOURS** of the charge being served.

DO YOU REQUEST A STAFF OR OFFENDER ADVISOR TO ASSIST YOU AT THE HEARING?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO REQUEST WITNESSES?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO REQUEST DOCUMENTARY EVIDENCE?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO WAIVE YOUR RIGHT TO 24-HOUR PREPARATION TIME PRIOR TO THE HEARING?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO APPEAR AT THE DISCIPLINARY HEARING? Refusal to appear is an admission of guilt, a waiver of witnesses and the right to a disciplinary hearing.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> REFUSED TO RESPOND
YOU HAVE THE RIGHT TO QUESTION REPORTING OFFICER (In person for Category I Offenses; by submitting a Reporting Officer Response Form for Category II Offenses)	
YOU HAVE THE RIGHT TO ENTER INTO A PENALTY OFFER.	
YOU MAY REMAIN SILENT. Silence does NOT constitute an admission of guilt.	
THE CHARGE MAY BE VACATED AND RE-SERVED AS A DIFFERENT OFFENSE, WHICH CAN BE A HIGHER, EQUIVALENT OR LESSER OFFENSE CODE.	
YOU MAY BE FOUND GUILTY OF A LESSER-INCLUDED OFFENSE CODE, IN ACCORDANCE WITH OPERATING PROCEDURE 861.1	

You have been informed of the charges against you, and advised of your rights at the Disciplinary Hearing.

Served and Witnessed By: <u>Sgt R Johnson</u>	Offender's Signature: <u>[Signature]</u>
Print Name: <u>Sgt R Johnson</u>	Print Name: <u>Angel Cartagena</u>
Date of Service: <u>9/3/21</u>	Approximate Time: <u>7:35 AM</u>

IF OFFENDER REFUSES TO SIGN, SERVING OFFICER WILL CERTIFY REFUSAL: \_\_\_\_\_

ADVISOR AT SERVICE OF DOR: Sgt R Johnson

Date of Hearing: 08/25/2021

Revised Date: \_\_\_\_\_

FORMS PROVIDED AT SERVICE (IF REQUESTED):

☐ Yes ☐ No Not Requested

Revised Date: \_\_\_\_\_

Exhibit-3

15 min watch



VIRGINIA DEPARTMENT OF CORRECTIONS

## Disciplinary Offense Report

Report generated by Smith, T B

Report run on 08/23/2021 at 08:03 AM

Case Number: <u>WRSP-2021-1615</u>		Offender Name: <u>Cartagena, Angel</u>		DOC #: <u>1078842</u>	Housing: <u>Medical-MED-M.H. #2B</u>
Facility: <u>Wallens Ridge State Prison</u>		Reference: _____			
Offense Code: <u>139</u>	Offense Title: <u>Self-mutilation or other intentionally inflicted self-injury</u>				
Offense Date: <u>08/19/2021</u>	Approximate Time: <u>12:31 PM</u> Location: <u>Medical Department - Medical</u>				
<b>DESCRIPTION OF THE OFFENSE</b>					
Provide a summary of the details of the offense (i.e.: who, what, when, where, and how; any unusual behavior, any physical evidence and its disposition, and any immediate action taken - including use of force, etc.)					
On 8-19-21 I Officer Bryson was working medical patrol. I was counting the medical unit when I approached MH #2 which houses inmate A. Cartagena, # 1078842. I noticed the inmate standing near the corner with blood on his arms. I began to knock and bang on MH #2 slider window and calling code red, assistance needed in medical. The inmate continued to mutilate himself. A. Caragena, #1078842 is charged per 881.1. On 8-19-21 Coris was not operating, this report was completed first day back to work 8-23-21. End of report.					
<input type="checkbox"/> Investigation		Date Completed: _____		<input type="checkbox"/> DESCRIPTION CONTINUED ON ATTACHED PAGE	

  

Witnesses: _____		Reporting Officer: <u>Bryson, J.L.</u>	
_____		Title: <u>Correctional Officer</u>	
_____		Date: <u>08/23/2021</u> Time: <u>7:09 AM</u>	

  

Officer -In-Charge: <u>Smith, T B</u>		Title: <u>Lieutenant</u>	
OIC Signature: <u>[Signature]</u>		Date: <u>08/23/2021</u> Time: <u>8:02 AM</u>	

  

<b>ADVISEMENT OF RIGHTS</b>			
By signing below, you indicate your preference regarding the rights indicated. Failure to respond, or indicate a preference, constitutes a <b>WAIVER</b> of the first three rights. The following forms are available to the offender <b>UPON REQUEST</b> in each housing unit: <i>Witness Request Form, Documentary Evidence Request Form, and the Reporting Officer Response Form</i> . The offender must submit these request forms to the Hearings Officer within <b>48 HOURS</b> of the charge being served.			
DO YOU REQUEST A STAFF OR OFFENDER ADVISOR TO ASSIST YOU AT THE HEARING?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO REQUEST WITNESSES?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO REQUEST DOCUMENTARY EVIDENCE?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO WAIVE YOUR RIGHT TO 24-HOUR PREPARATION TIME PRIOR TO THE HEARING?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> REFUSED TO RESPOND
DO YOU WISH TO APPEAR AT THE DISCIPLINARY HEARING? <small>Refusal to appear is an admission of guilt, a waiver of witnesses and the right to a disciplinary hearing.</small>	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> REFUSED TO RESPOND
YOU HAVE THE RIGHT TO QUESTION REPORTING OFFICER (in person for Category I Offenses; by submitting a Reporting Officer Response Form for Category II Offenses)			
YOU HAVE THE RIGHT TO ENTER INTO A PENALTY OFFER.			
YOU MAY REMAIN SILENT. Silence does NOT constitute an admission of guilt.			
THE CHARGE MAY BE VACATED AND RE-SERVED AS A DIFFERENT OFFENSE, WHICH CAN BE A HIGHER, EQUIVALENT OR LESSER OFFENSE CODE.			
YOU MAY BE FOUND GUILTY OF A LESSER INCLUDED OFFENSE CODE, IN ACCORDANCE WITH OPERATING PROCEDURE 881.1			
You have been informed of the charges against you, and advised of your rights at the Disciplinary Hearing.			
Served and Witnessed By: <u>Sgt. D. Johnson</u>	Offender's Signature: <u>[Signature]</u>		
Print Name: <u>Sgt. D. Johnson</u>	Print Name: <u>Angel Cartagena</u>		
Date of Service: <u>9/3/21</u>	Approximate Time: <u>7:32 AM</u>		
IF OFFENDER REFUSES TO SIGN, SERVING OFFICER WILL CERTIFY REFUSAL: _____			

ADVISOR AT SERVICE OF DOR: [Signature]Date of Hearing: 09/01/2021

Revised Date: \_\_\_\_\_

FORMS PROVIDED AT SERVICE (IF REQUESTED):

☐ Yes ☐ No

Revised Date: \_\_\_\_\_

Revised Date: not signed



Exhibit-4(1-3)

Virginia: Department of Corrections  
River North Correctional Center  
Independence, Virginia 24348

Angel Cartagena # 1078842 28<sup>th</sup> day of August, 2020.  
A-1 Cell 35 - Bottom

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RE: Petition for a redress of grievances  
of this unlawful detention within the S.D.T.P. Unit.

Be aware that you: 1- Harald W. Clarke, Director of VA.D.O.C.  
2- David Robinson, C.C.O. of VA.D.O.C.  
3- Eric Madsen, Director of C.C.S.  
4- C. Manis, Regional Administrator of W. Region  
5- Alley Lovell, Director of S.D.T.P./I.D.T.P.  
6- Dr. Haynes, Doctor (P.M.H.P.)  
7- B. Honode, Warden of R.N.C.C.  
8- T. Dowell, Unit Manager of A Building  
9- Milbourne, Chief of Housing and programming

As being put on notice of intent to be summons before a United States District Judge to answer why a 1- Temporary Restraining Order 2- Permanent Injunction, and 3- Compensatory Damages shall not be awarded against you in your individual and official capacities for your either direct deliberate indifference to the United States Constitution Rights being injured and doing so, Violating the very rights of the Constituent herein mentioned. Being detained in the Virginia Department of Corrections in a licensed psychiatric unit titled, Secure Diversionary Treatment Program unlawfully and unconstitutionally against Constituent's free will and without a lawful proper judicial order for.

Exhibit (Z-3)  
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involuntary commitment or order to enforce detention under a licensed psychiatric facility or unit for mental health treatment, services, and care. Constituent is being subjected to unlawful detention in the VA. Dep't of Corrections S.D. T.P. unit without a Judicial Due Process. The Constituent brings this "Notice" to you under authorization of 42 U.S.C. § 1983 and the 1st Amendment to the United States Constitution of America. You are put on notice that by detaining the above Constituent in a licensed psychiatric facility or unit without his voluntary consent for mental health services, treatment, and care or under a lawful judicial order for involuntary commitment for mental health detention, treatment, services, and care violates the Due Process Clause enshrined under the 14<sup>th</sup> Amendment to the U.S.C.A.; and the cruel and unusual punishment Clause secured by the 8<sup>th</sup> Amendment of the U.S.C.A.; and Equal Protection Act secured by the 8<sup>th</sup> and 11 Amendments of the U.S.C.A. To also isolate constituent under unnecessary isolation violates Liberty Interest to be safe, and to not be subjected to any form of bodily restraint. By isolating the Constituent in such harsh circumstances of isolation is a form of discrimination. For mental illness is a form of disability and Constituent is a disabled offender which violates the Americans With Disability Act and the Rehabilitation Act of 1983. Detention in a licensed psychiatric unit or facility for mental health services was not and is not apart of the Constituent's (1) sentencing order for criminal conviction or (2) apart of the order for involuntary commitment Pursuant via Due Process and addition order not made apart of his sentencing order. The Constituent acknowledges while the standing Operating Procedures to which Virginia D.O.C. operates S.D. T.P. / I.D. T.P. is legal; it is not "lawful" to detain either ~~the~~ Constituent in the operating programs without the voluntary consent; involuntary commitment Judicial

# Exhibit (3-3)

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Order or a part of his sentencing order.

WHEREFORE, the Constituent will allow you to provide him with a Due Process in a judicial hearing via local district Court to be heard and decided upon whether or not involuntary commitment for mental health treatment will be ordered by a Court and so that appeals could be Due Processed theretofore. Hence, Constituent in this notice has or will provide his voluntary consent to be detained in a licensed psychiatric facility or unit for mental health treatment. Presently and accordingly the Constituent has had nor have any plain, adequate, or Judicial offering or process to appeal the V.A.D.O.C. Inasmuch, Constituent will provide you 60 days exact to remedy these violations with due diligence under your color of state law as described on this page as above or dutifully release Constituent from this unlawful detention from the S.I.D. T.P./I.D.T.P. unit into a less restrictive environment such as a general population setting. If redress and remedy is not provided within the giving timeframe the Constituent will proceed to file a complaint under Civil Rights Act 42 U.S.C. § 1983 in a Federal District Court within this jurisdiction where all issues will be triable by jury. All individuals who I mentioned herein will be sued in their individual and official capacities if the redress of these complaints are not remedy within their official scope of their employment.

I hereby swear under the penalty of perjury that the above information is true and correct to the best of my ability.

Respectfully Submitted On:

08-26-20 Angel Cartagena

Signature of Constituent

River North Corr. Center 328 Dellbrook Lane  
Independence, VA 24348.



Part of Exhibit 4(1-3)

Certificate of Service

On this 28 day of August, 2020, I, Angel Cartagena #1078842, certify that I have mailed each party listed on page 1 of this notice a copy of this Notice of intent via institutional mail at River North Correctional Center, and to Harold W. Clarke, David Robinson, Eric Madsen, Carl Manis, and Alley Lovell via Bulk Mail at the Virginia Dep't of Corrections Headquarters, 6900 Atmore Drive Richmond, VA 23219.

I, the Constituent, swear under the penalty of perjury that the above information herein mentioned is true and correct to the best of my ability.

Respectfully Submitted On:  
This 28 day of August, 2020.  
Angel Cartagena  
Signature of the Constituent  
River North Correctional Center  
329 Dellbrook Lane  
Independence, VA 24348